Testimony before the Appropriations Committee on the Governor's Proposed Biennial Budget February 27, 2015 DSS Budget Public Hearing

Kristie M Barber Executive Director, Region II Regional Mental Health Board Vice Chair, Keep the Promise Coalition KTP

Good Afternoon Senator Bye, Representative Walker and esteemed member so the Appropriations Committee

I am testifying on behalf of many people who will be negatively impacted by Governor Malloy's proposed Budget cuts to DSS.

- > It is a nickeling and diming" approach saving millions of dollars from people who cannot afford to be "nickeled and dimed".
- Provider rates are being targeted and they are already inadequate to cover the costs of services. Last year, Commissioner Rehmer and the legislature negotiated a raise in the T-19 rate for mental health services, due to a rate ceiling issue; the rate adjustment did not take place. Outpatient Clinics in the state are closing or will be threatened to close with such low rates
- ➤ Eliminating the COLA for TFA, SAGA and AABD proj savings \$1.0 to \$1.9 million
- Proposed changes to the budget move all juvenile justice services to DCF and, in so doing, make a \$10 million cut to services for pre-adjudicatory services for children at-risk of entering or who are in the juvenile justice system. These pre-adjudication programs include trauma based services, mental health services and substance abuse services that divert youth from court, keep them out of detention, and reduce their likelihood of requiring more services and/or reoffending.
- > Reduces 13FT equivalent positions at DSS, an agency that is understaffed severely at this point.
- ➤ Closes the Torrington Regional DSS Office The Torrington regional office accounts for approximately 2% of overall caseload in the regional offices. Removes funding for 28 positions but staff will be absorbed into other vacancies. Savings of \$1,443,800 and \$1,649,800. (not in the bill)

The list can go on and on...My main points and recommendations: DSS is destabilizing their own operation and have been doing so in the name of computerization for the last 5 years.

- 1. People who work at DSS and social workers or case managers in the field say this is the worst they have seen it.
- 2. Taking away human contact, not allowing people to talk about more than one individual they are trying to help when a DSS worker is reached
- 3. , accepting two and three hour holds as "normal"
- 4. , taking away DSS employees at hospitals which used to streamline efficiencies and causing in efficiencies
- 5. Denying people who should be on entitlements because of lost paperwork

- 6. Causing undo anxiety and to the point of hospitalizations because of DSS change in methodology and structure
- 7. Focusing on Fraud instead of efficiencies to make true cost savings and effectiveness.

8.

RECOMMENDATIONS:

- Change redetermination applications to every year instead of six months like other states have would maximize efficiencies and reduce backload
- 2. Put the human element back into the process so people will be supported and not deleted from benefits
- 3. Review Recommendations from Better Choices for Connecticut's statewide coalition.

I will leave you with the Frog analogy...If you put a frog into boiling water it will jump out and save it's life, however, if you put a frog into water and turn up the temperature slowly, it will die...not recognizing the temperature change.

DSS has been turning up the heat on the entire system for too long...and people, like the frogs are slowly being forced to decompensate, and it is causing undo suffering and additional costs to the overall healthcare system.

These proposals would have detrimental effects and further the suffering and inefficiencies.

I appreciate your time and attention to these DSS proposed cuts.